

2005 FLEXELECT DEPENDENT CARE REIMBURSEMENT ACCOUNT WORKSHEET

Employee Name: _____ Social Security # _____

Estimating Your Dependent Care Deduction Amount

To determine a monthly deduction amount that's appropriate for you, start by reviewing your dependent care expenses over the past year. Consider factors that may cause the cost to fluctuate such as your child returning to or entering school, reaching age 13, vacations, school breaks, care provider's vacation, etc.

The following worksheet will help you determine how much you want to contribute monthly into your FlexElect Dependent Care Account. You cannot contribute or claim more than \$5,000 per calendar year in dependent care expenses.

1. Enter your Total Dependent Care Cost for the year \$ _____
2. Subtract the full amount that the State will contribute to help pay for your dependent care costs through the Dependent Care Subsidy Program (up to \$1,000) — \$ _____
3. Enter the adjusted amount of your total dependent care costs for the year (after subtracting State's contribution) \$ _____
4. Divide your total dependent care costs for the year (amount shown in # 3 above) by 12 (months) \$ _____

The amount shown on line # 4 is the monthly amount you may contribute to your FlexElect Dependent Care Reimbursement Account.

5. If you wish to contribute the amount shown on line # 4 into your FlexElect Dependent Care Account on a monthly basis, enter that amount on line # 5. \$ _____

If you do not wish to contribute the amount shown on line # 4, you may contribute a lesser amount or the minimum monthly amount of \$20 into your FlexElect Dependent Care Reimbursement Account. If you wish to contribute an amount less than the amount shown on line # 4, enter that amount on line # 5.

The amount shown on line # 5 is the amount you should enter on the FlexElect Reimbursement Account Enrollment Form (STD. 701R), which you will be required to complete during the FlexElect Open Enrollment Period (**September 15 – October 15, 2004**).